

CHILD AND ADULT CARE FOOD PROGRAM
REVIEW GUIDE FOR SPONSORED FEEDING SITE UNDER
AFTER SCHOOL CARE SNACK PROGRAM FOR AT RISK CHILDREN

Sponsor's Name: _____	Feeding Site Name: _____
Feeding Site Address: _____ _____	Telephone Number: _____
Staff Interviewed: _____	Reporting Period Reviewed: _____
Type of Review (Check As Appropriate): ____ First Visit (New Site)	Date/Time of Monitor's Arrival: _____
____ Regular Visit ____ Follow-up ____ Unannounced ____ Announced	Date/Time of Monitor's Departure: _____
Signature of Monitor: _____	Exit Conference Date: _____
	Signature of Feeding Official: _____

REVIEW ITEM	Y	N	N/A	COMMENTS
A. PRELIMINARY STEPS				
1. How is food prepared: __ on site; __ school; __ food service management company; or __ combination of on-site and central kitchen?				
B. OBSERVATION OF MEAL SERVICE				
1. Has the feeding site posted a dated menu with required food components in a conspicuous place for the meal observed?				
2. Do the meal components identified in the posted menu match the components of the observed meal?				
3. Does the observed meal meet the USDA component and portion size requirements?				

(Revised 7/07)

REVIEW ITEM	Y	N	N/A	COMMENTS
C. RECORDS				
1. Has a daily meal count been maintained on all meals served from the first day of the month to the review date?				
2. Is the daily meal count maintained separately from the daily attendance count?				
3. Are the daily meal counts maintained for the required participant age groups?				
4. Are menus with required food components on file for the current month?				
Complete for Observed Meal: Menu Items for Meal Observed: _____ _____ Number of Meals Served: _____ Number of Meals Disallowed: _____ Reason(s) for Disallowance of Meals: _____ _____				

(Revised 7/07)

Number of Meals Served for Previous 5 Days:					
	Date:	Date:	Date:	Date:	Date:
Meal	Number Served	Number Served	Number Served	Number Served	Number Served
AM Supplement					
PM Supplement					
Evening Supplement					
D. ETHNIC CATEGORIES (Observed at meal service)					NO. OF PARTICIPANTS
Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.					
Not Hispanic or Latino					
E. RACIAL CATEGORIES (Observed at meal service)					
American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.					
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.					
Black or African American: A person having origins in any of the black racial groups of Africa.					
Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.					
White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.					
REVIEW ITEM		Y	N	N/A	COMMENTS
F. CIVIL RIGHTS					
1. Does the feeding site admit all participants regardless of race, color, national origin, age, sex, or disability?					

(Revised 7/07)

REVIEW ITEM	Y	N	N/A	COMMENTS
2. Is membership in any organization a prerequisite for participation in the meal services? If yes, what is organization's name?				
3. Is the <i>And Justice for All</i> poster being displayed in a conspicuous place and has the feeding site distributed the <i>Building for the Future</i> flier to the parents and guardians?				
G. TRAINING BY SPONSOR				
1. Has the site supervisor received mandatory training from the sponsor before program participation commenced and during the last 12 months?				Date of most recent training: _____
H. SANITATION, SPACE AND FACILITIES				
1. Does the feeding site store foods separately from poisonous items?				
2. Does it appear that the feeding site follows sanitary procedures in all aspects of its food service?				
3. Are temperatures in the feeding site's refrigerator(s) maintained between 32 and 40 degrees Fahrenheit?				
4. Are temperatures in the feeding site's freezers(s) maintained at 0 degrees Fahrenheit or below?				

COMMENTS:

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FEEDING SITE VERIFICATION FORM

REVIEW MONTH/YEAR: _____

Reported Meal Count:

Supplement

Verified Meal Count:

Supplement

Reported Attendance and Days of Operation:

Attendance	Days of Operation

Verified Attendance and Days of Operation:

Attendance	Days of Operation

For Proprietary (For Profit) Program Only - Verified Number of Current Child Care Certificates: _____
(Revised 7/07)